

FILED JAN 26 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 2220

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>280</b>	
1. PLACE OF DEATH a. COUNTY <b>St-Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2315 Chestnut st</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Edna</b>		b. (Middle) _____		c. (Last) <b>Adams</b>	
4. DATE OF DEATH		(Month) <b>Jan.</b>		(Day) <b>7</b>		(Year) <b>1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowes</b>		8. DATE OF BIRTH <b>Feb 9 1918</b>		9. AGE (In years last birthday) <b>31</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watres</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Miss</b>		11. BIRTHPLACE (State or foreign country) <b>Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dave Anthony</b>		13b. MOTHER'S MAIDEN NAME <b>Arie Himphill</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-24-4591</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jerry Anthony</b> ADDRESS <b>1304 Webster ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infectious Hepatitis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-19 1949</b> , to <b>1-7 1950</b> , that I last saw the deceased alive on <b>1-7 1950</b> , and that death occurred at <b>9:10a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Herbert E. Skinner M.D.</b>				23b. ADDRESS <b>2601 N-Whittier St</b>		23c. DATE SIGNED <b>1-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 11 1950</b>		REGISTRAR'S SIGNATURE <b>Stasator</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J W Hughes</b> ADDRESS <b>2620 Lawtonblvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James A. Carter*

Licensed Embalmer No. 4681

P. O. Address 4923 Suburban

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.